# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/584155

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | | 51 | | | | | | |
| 2 | / | | | | | | 52 | | | | | | |
| 3 | / | | | | | | 53 | | | | | | |
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| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
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| 10 | | | | | | | 60 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
| 15 | | | | | | | 65 | | | | | | |
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| 18 | | | | | | | 68 | | | | | | |
| 19 | | | | | | | 69 | | | | | | |
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| 24 | | | | | | | 74 | | | | | | |
| 25 | | | | | | | 75 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
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| 35 | | | | | | | 85 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 45 | | | | | | | 95 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | 4 | ⬇ | | ⬇ | | ⬇ | TOTAL IND. | | ⬇ | | ⬇ | | ⬇ |
| TOTAL DEP. | | ⬅ | | ⬅ | | ⬅ | TOTAL DEP. | | ⬅ | | ⬅ | | ⬅ |
| TOTAL CLAIMS | 4 | | | | | | TOTAL CLAIMS | | | | | | |